## PATENT APPLICAT FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/519099

CLAIMS AS FILED - PART 1								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
110	NATIONAL	STAGE FEES	(Column 1)		<del>Г '</del>	Column 2)	1	RATE	FEE	1	RATE	FEE
-		OTAGET EEG	0.000 505 -0.450		1496	SEENT - 4 200	{				<b></b>	
BAS	SIC FEE		SMALL ENT. = \$ 150			GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXA	MINATION FE	E	Satisfies PCT Article 33(1)- (4) = \$50/\$100			her situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	200
SEA	RCH FEE		U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400			her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE	FOR EXTRA	SPEC. PGS.	1 1 1 mine	minus 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	250
тот	AL CHARGEA	BLE CLAIMS	_0		*			X \$ 25 =		OR	X \$ 50 =	
INDI	EPENDENT CL	AIMS	\ minus 3 = ,		•			X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	ą
		CLAIMS AS	AMENDED	(Colur	ກກ 2)	(Column 3)		SMALL E	NTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIOI GL FEE
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)			•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	44		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		= ·		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT OF				CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
i Z							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT.	
**	If the "Highest Nu If the "Highest Nu	rmn 1 is less than the imber Previously Pal imber Previously Pal	d For IN THIS SP d For IN THIS SP	ACE is less	s than '20 s than '3',	0', enter "20". , enter "3".			. to 4			
	The "Highest Nur	nber Previously Paid	For" (Total or Ind	ependent) k	s the higi	hest number found	in the	e appropriate box	un column 1.		4	